



Texas Department of Insurance

Division of Workers' Compensation

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address:

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name:

ACE AMERICAN INSURANCE CO

Carrier's Austin Representative Box

Box Number 15

MFDR Tracking Number:

M4-12-2870-01

MDFR Received Date

MAY 9, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Enclosed please find invoice, Partial payments, Copies of Money orders Paid to provider, my communications letters with ESIS. I call ESIS today It is clear that ESIS does not have intention to reimburse my medical expenses."

Amount in Dispute: \$1,340.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The request for reimbursement submitted by the claimant is insufficient to support reimbursement. A copy of the invoice from LO Home Care Services and documentation of services provided is required to determine if services provided and paid for were reasonable, necessary and related to the compensable injury. Upon receipt of proper documentation, we will review for reimbursement.

Response Submitted by: ESIS South Central WC Claims, PO Box 6563, Scranton, PA 18505

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 10, 2009 through July 7, 2009	Out-of-Pocket expenses for Home Health Care	\$1,340.00	0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for injured employees to pursue a medical fee dispute.

Issues

1. Did the requestor submit the out-of-pocket expenses for the services in dispute timely and in accordance with 28 Texas Administrative Code §133.307?

Findings

Pursuant to 28 Texas Administrative Code §133.307(c)(1)(A), a requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed no later than one year after the dates of service in dispute.

The disputed dates of service range from June 10, 2009 through July 7, 2009 and was received in Medical Fee Dispute Resolution on May 9, 2012. Therefore, this dispute is considered untimely; Medical Fee Dispute Resolution cannot review the merits of the dispute.

Conclusion

For the reasons stated above, the division finds that the requestor has established that reimbursement is not due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

September 7, 2012
Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.